Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1. a. Whether there should be reimbursement of $1801.00 for dates of service commencing on 02/22/01 and extending through 04/04/01.

   b. The request was received on 02/21/02.

II. EXHIBITS

1. Requestor, Exhibit I:

   a. TWCC 60 and Letter Requesting Dispute Resolution
   b. HCFA(s)
   c. EOB/TWCC 62 forms/Medical Audit summary
   d. Medical Records
   e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

2. Respondent, Exhibit II:

   a. TWCC 60 and Response to a Request for Dispute Resolution
   b. Medical Records
   c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.

3. Notice of Additional Information Submitted by the Requestor signed **06/14/02** and a notice of Medical Dispute Resolution signed **07/15/02** are reflected as Exhibit III of the Commission's case file. Due to the conflicting signature dates, all documentation submitted by the Requestor and Respondent will be considered.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 06/10/02

   "We billed (Carrier) for individual aquatic therapy for 60 minutes at the rate of $56.00 per 15 minute increments. The MAR allowable is $52.00 per 15 minutes increments. The carrier reduced our payment using exception code 'F' (reduced in the accordance with the appropriate TWCC fee guidelines maximum allowable reimbursement) and then put 0 in the amount paid which does not make sense. The maximum allowable is not 0. Also, the required documentation was submitted. The carrier used code 'F' and quoted

   Ruling §133.1 requiring submission of legible supporting documentation. If this is the actual reason for denial, then the appropriate exception code would be 'N' not 'F'. They did not use code 'N'."

2. Respondent: Letter dated 07/26/02

   "The requester billed the carrier for multiple services without providing documentation to support the nature of the service, the length of time spent performing the services or any evidence of who performed the services. A review of the CPT Codes and the notes, attached as Exhibit 1, reveals the descriptions tell very little in the way of matching CPT Codes with the services, and in many cases the descriptions don't match the service or the dates of service. The carrier denied these charges using exception code 'F' and further explained that the documentation did not support the codes billed."

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only dates of service eligible for review are those commencing 02/22/01 and extending through 04/04/01.

2. This decision is being written based on the documentation that was in the file at the time it was assigned to this Medical Dispute Resolution Officer.

3. Per the Requestor's Table of Disputed Services, the Provider billed the Carrier $1988.00 for services rendered.

4. Per the Requestor's Table of Disputed Services, the Carrier paid the Provider $0.00 for services rendered.

5. The Carrier's EOB deny reimbursement as, "COPY – F – RULE 133.1 REQUIRES THE SUBMISSION OF LEGIBLE SUPPORTING DOCUMENTATION, THEREFORE, REIMBURSEMENT IS DENIED." "Cod1 F,T,N – DOCUMENTATION DOES NOT SUPPORT THESERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED." and "73 F THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS. THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5."

6. Carrier's retrospective review for date of service 03/06/01, dated 01/11/02, continues to deny reimbursement.

7. Per the Requestor's Table of Disputed Services, the amount in dispute is $1801.00 for services rendered on the dates of service in dispute above.

8. In their position statement, the Requestor states the Carrier "…used code 'F' and quoted Ruling §133.1 requiring submission of legible supporting documentation. If this is the actual reason for denial, then the appropriate exception code would be 'N' not 'F'. They did not use code 'N'." However, the Carrier's comments on their EOBs do provide an explanation of their denial in accordance with Rule 133.304.

9. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code(s)	MAR$	REFERENCE	RATIONALE:
02/22/01 02/23/01 02/28/01 03/06/01 03/28/01 04/03/01 04/04/01	97113 97113 97113 97113 97113 97113 97113	$224.00 $224.00 $224.00 $224.00 $224.00 $224.00 $224.00	$0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00	F F F F,T,N F,T,N F,T,N F,T,N	$52.00/15 min	MFG; MGR (I) (9) (b); CPT Descriptor	The carrier has denied the charges in dispute as "COPY – F – RULE 133.1 REQUIRES THE SUBMISSION OF LEGIBLE SUPPORTING DOCUMENTATION, THEREFORE, REIMBURSEMENT IS DENIED." and "Cod1 F,T,N – DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED". Recent review of disputes involving one on one CPT Codes by the Medical Dispute Resolution section as well as analysis from recent decisions of the State Office of Administrative Hearings indicate overall deficiencies in the adequacy of the documentation of this Code both with respect to the medical necessity of one-on-one therapy and documentation reflecting that these individual services were provided as billed. Moreover, the disputes indicate confusion regarding what constitutes "one-on-one." Therefore, consistent with the general obligation set forth in Section 413.016 of the Labor Code, the Medical Review Division has reviewed the matters in light all of the Commission requirements for proper documentation. The therapy notes for these dates of service do not support any clinical (mental or physical) reason as to why the patient could not have performed these exercises in a group setting, with supervision, as opposed to one-to-one therapy; therefore, **no** additional reimbursement is recommended.
02/23/01	99080 RR 73	$15.00	$0.00	F	$15.00	TWCC Rule 129.5 (d); UETG (e) (2) (A) and (3); MFG MGR CPT Descriptor	The carrier has denied the charges in dispute as "73 F THE WORK STATUS REPORT (TWCC 73) WAS NOT PROPERLY COMPLETED OR WAS SUBMITTED IN EXCESS OF THE FILING REQUIREMENTS. THEREFORE, REIMBURSEMENT IS DENIED PER RULE 129.5." Pursuant to TWCC Rule 129.5 (d) "The doctor shall file the Work Status Report: (1) after the initial examination of the employee...' (2) when the employee experiences a change in work status or substantial change in activity restrictions; and (3) on the schedule requested by the insurance carrier (carrier), its agent, or the employer..." Additionally, the UETG states "...treatment of a work related injury must be: (i) adequately documented; (ii) evaluated for effectiveness and modified based on clinical changes; (vi) objectively measured and demonstrated functional gains; and (vii) consistent in demonstrating ongoing progress..." The very limited SOAP notes submitted by the provider do not appear to show a change required for the work status report in accordance to TWCC Rule 129.5. The provider has failed to support the requirements of TWCC Rule 129.5 and the Upper Extremity Treatment Guidelines for reimbursement. Therefore, **no** reimbursement is recommended.

02/22/01 02/22/01 02/22/01 02/23/01 02/23/01 02/23/02 02/28/01 02/28/01 02/28/01	97010 97014 97124 97010 97014 97124 97010 97014 97124	$15.00 $15.00 $70.00 $15.00 $15.00 $70.00 $15.00 $15.00 $70.00	$0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00 $0.00	F F F F F F F F F	11.00 $15.00 $28.00/15 min	UETG (e) (2) (A) (G) (3); MFG MGR (I) (9) (10); CPT Descriptors	The carrier has denied the charges in dispute as "COPY – F – RULE 133.1 REQUIRES THE SUBMISSION OF LEGIBLE SUPPORTING DOCUMENTATION, THEREFORE, REIMBURSEMENT IS DENIED." Per the Upper Extremity Treatment Guidelines "...treatment of a work related injury must be: (i) adequately documented; (ii) evaluated for effectiveness and modified based on clinical changes; …(vi) objectively measured and demonstrate functional gains; and (vii) consistent in demonstrating ongoing progress...". Office visit and physical therapy notes for these dates appear to be a multiple date spreadsheet. These notes do not demonstrate documentation requirements in accordance with the Upper Extremity Treatment Guideline and the Medical Fee Guidelines. No reimbursement is recommended.
03/28/01	97124	$105.00	$0.00	F,T,N	$28.00/15 min	UETG (e) (2) (A) (G) (3); MFG MGR (I) (9) (10); CPT Descriptors	"Cod1 F,T,N – DOCUMENTATION DOES NOT SUPPORT THE SERVICE BILLED. CARRIERS MAY NOT REIMBURSE THE SERVICE AT ANOTHER BILLING CODE'S VALUE PER RULE 133.301 (B). A REVISED CPT CODE OR DOCUMENTATION TO SUPPORT THE SERVICE MAY BE SUBMITTED". Requestor has submitted an EOB showing Carrier payment on this CPT Code for date of service 03/06/01. Documentation for 03/06/01 and 03/28/01 appear essentially the same. It is unclear why the documentation submitted for 03/06/01 did meet requirements, but the 03/28/01 did not. Therefore, reimbursement in the amount of **$84.00** ($28.00 x 3 = $84.00) is recommended.
Totals		$1988.00	$0.00				The Requestor **is** entitled to reimbursement in the amount of **$84.00**.

V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit **$84.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 8th day of November 2002.

Denise Terry
Medical Dispute Resolution Officer
Medical Review Division
DT/dt